



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Group Hospitalization and Medical Services, Inc.

NAIC Group Code	00380	(Current Period)	,	00380	(Prior Period)	NAIC Company Code	53007	Employer's ID Number	53-0078070
Organized under the Laws of	District of Columbia				State of Domicile or Port of Entry		District of Columbia		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity [X]				
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization []				
	Other []		Is HMO, Federally Qualified? Yes [] No []						
Incorporated/Organized	08/11/1939				Commenced Business		03/15/1934		
Statutory Home Office	840 First Street NE				(Street and Number)		Washington, DC 20065		
					(City, State and Zip Code)				
Main Administrative Office					10455 Mill Run Circle		(Street and Number)		
	Owings Mills, MD 21117				(City, State and Zip Code)		410-581-3000		
					(Area Code)		(Telephone Number)		
Mail Address	10455 Mill Run Circle				(Street and Number or P.O. Box)		Owings Mills, MD 21117		
					(City, State and Zip Code)		(City, State and Zip Code)		
Primary Location of Books and Records					10455 Mill Run Circle		(Street and Number)		
	Owings Mills, MD 21117				(City, State and Zip Code)		410-998-7011		
					(Area Code)		(Telephone Number) (Extension)		
Internet Web Site Address	www.carefirst.com								
Statutory Statement Contact	William Vincent Stack				(Name)		410-998-7011		
					(Area Code)		(Telephone Number) (Extension)		
	bill.stack@carefirst.com				(E-Mail Address)		410-998-6850		
					(Fax Number)		(Fax Number)		

OFFICERS

Name	Title	Name	Title
Chester Emerson Burrell	President and Chief Executive Officer	John Anthony Picciotto	Corp.Secretary, Exec. VP & Gen. Counsel
Jeanne Ann Kennedy	Corp. Treasurer & VP		

OTHER OFFICERS

Glenn Rothman	SVP, Shared Services	David Donald Wolf	EVP, Medical Systems
Gregory Mark Chaney	EVP, CFO	Gregory Allen Devou	EVP, Chief Mktg Officer
Michael Bruce Edwards	SVP, Networks Mgmt	Gwendolyn Denise Skillern	SVP, General Auditor
Fred Adrian Walton Plumb #	SVP, ASU-FEP	Michael John Felber	SVP, Sales
Sharon Jean Vecchioni	EVP, Chief of Staff	Rita Ann Costello	SVP, Strategic Marketing
Maria Harris Tildon	SVP, Public Policy	Jon Paul Shematek, M.D.	SVP, Chief Medical Officer
Dennis Allen Cupido	SVP, ASU-Large Groups	Kenny Waitem Kan	SVP, Chief Actuary
			SVP, Strategic Managed Care Initiatives
Andrew Francis Sullivan #	SVP, ASU-Consumer Direct	Kevin Charles O'Neill #	SVP, CIO
Steven Jon Margolis #	SVP, ASU-Small & Medium Groups	Alok Gupta	

DIRECTORS OR TRUSTEES

Elizabeth Oliver-Farrow	James Wallace	Linda Washington Cropp	Larry Donovan Bailey
Carlos Mario Rodriquez	Robert Marcellus Willis	Nathaniel Thomas Connally	Faye Ford Fields
Natalie Olivia Ludaway	Robert Lee Sloan	Ralph John Rohner	

State of _____ ss

County of _____

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chester Emerson Burrell President and Chief Executive Officer	John Anthony Picciotto Corp.Secretary, Exec. VP & Gen. Counsel	Jeanne Ann Kennedy Corp. Treasurer & VP
Subscribed and sworn to before me this _____ day of _____, _____		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number 0		
2. Date filed _____		
3. Number of pages attached _____		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						.0
0199999 Individually listed claims unpaid	.0	.0	0	.0	.0	0
0299999 Aggregate accounts not individually listed-uncovered						.0
0399999 Aggregate accounts not individually listed-covered	13,237,470	1,624,486				14,861,956
0499999 Subtotals	13,237,470	1,624,486	0	0	0	14,861,956
0599999 Unreported claims and other claim reserves						266,663,829
0699999 Total amounts withheld						
0799999 Total claims unpaid						281,525,785
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

23[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	14,598,325		10,285,163		4,313,162	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	5,910,179		3,203,539		2,706,640	
6. Total	20,508,504	0	13,488,702	0	7,019,802	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Group Hospitalization and Medical Services, Inc.				2. _____			(LOCATION)		
NAIC Group Code		00380		BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2009		NAIC Company Code		53007			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		501,406	14,488	96,343	1,760		3,382	347,426			38,007		
2 First Quarter		499,409	12,432	96,157	1,762		3,505	350,245			35,308		
3 Second Quarter		500,908	13,141	96,388	1,783		3,436	350,957			35,203		
4. Third Quarter		503,022	13,670	95,225	1,814		3,455	352,398			36,460		
5. Current Year		502,180	13,289	92,798	1,837		3,469	354,275			36,512		
6 Current Year Member Months		6,010,242	156,323	1,145,714	21,457		41,660	4,216,466			428,622		
Total Member Ambulatory Encounters for Year:													
7. Physician		4,509,586	114,302	1,118,572	42,550			3,233,990			172		
8. Non-Physician		784,517	17,310	161,681	7,070			598,435			21		
9. Total		5,294,103	131,612	1,280,253	49,620	0	0	3,832,425	0	0	193		
10. Hospital Patient Days Incurred		235,635	4,182	36,476	5,514			189,433			30		
11. Number of Inpatient Admissions		44,852	838	8,929	856			34,224			5		
12. Health Premiums Written (b).....		2,023,213,990	35,969,253	395,073,984	4,383,472		13,619,007	1,568,732,026			5,436,248		
13. Life Premiums Direct.....		0					0						
14. Property/Casualty Premiums Written.....		0											
15. Health Premiums Earned.....		1,972,702,831	35,969,253	395,073,984	4,383,472		13,619,007	1,518,220,867			5,436,248		
16. Property/Casualty Premiums Earned.....		0											
17. Amount Paid for Provision of Health Care Services		1,839,128,535	35,071,384	323,689,038	3,362,113		9,313,935	1,465,516,935	(102,460)		2,277,590		
18. Amount Incurred for Provision of Health Care Services		1,821,727,052	35,430,125	320,607,488	3,419,696		9,539,060	1,450,425,693			2,304,990		

(a) For health business: number of persons insured under PPO managed care products 462,437 and number of persons under indemnity only products 4,902

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Group Hospitalization and Medical Services, Inc.				2. _____				(LOCATION)			
NAIC Group Code		00380		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2009		NAIC Company Code		53007					
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		261,738	12,906	165,505	1,750		4,643		5		76,929				
2 First Quarter		230,147	15,873	164,913	1,693		4,331		65		43,272				
3 Second Quarter		228,870	17,235	162,269	1,641		3,806		65		43,854				
4 Third Quarter		223,678	17,879	159,891	1,600		5,508		63		38,737				
5 Current Year		228,970	18,976	159,616	1,543		9,315		63		39,457				
6 Current Year Member Months		2,732,118	206,348	1,948,060	19,635		62,419		767		494,889				
Total Member Ambulatory Encounters for Year:															
7 Physician		622,727	44,702	572,249	5,776										
8 Non-Physician		108,118	5,843	101,405	870										
9 Total		730,845	50,545	673,654	6,646	0	0	0	0	0	0				
10 Hospital Patient Days Incurred		22,938	1,188	21,017	733										
11 Number of Inpatient Admissions		5,770	314	5,308	148										
12 Health Premiums Written (b).....		761,323,562	44,334,785	651,237,685	4,161,123		50,149,393		882,849		10,557,727				
13 Life Premiums Direct.....		0													
14 Property/Casualty Premiums Written.....		0													
15 Health Premiums Earned.....		761,323,562	44,334,785	651,237,685	4,161,123		50,149,393		882,849		10,557,727				
16 Property/Casualty Premiums Earned.....		0													
17 Amount Paid for Provision of Health Care Services		636,770,173	33,606,157	558,896,706	3,082,182		34,591,158		674,766		5,919,204				
18 Amount Incurred for Provision of Health Care Services		633,633,072	34,368,611	554,708,301	2,992,403		34,969,806		674,747		5,919,204				

(a) For health business: number of persons insured under PPO managed care products 178,757 and number of persons under indemnity only products 7,910

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 882,849



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Group Hospitalization and Medical Services, Inc.				2. _____				(LOCATION)					
NAIC Group Code		00380		BUSINESS IN THE STATE OF Virginia				DURING THE YEAR 2009				NAIC Company Code				53007	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10						
			2	3													
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																	
1. Prior Year		119,299	18,027	94,403	2,323		4,009				537						
2 First Quarter		129,535	18,758	94,508	2,241		4,100				9,928						
3 Second Quarter		129,717	19,135	94,095	2,199		4,059				10,229						
4. Third Quarter		128,946	19,029	93,527	2,184		4,091				10,115						
5. Current Year		130,603	19,174	95,055	2,166		4,273				9,935						
6 Current Year Member Months		1,554,662	228,005	1,130,706	26,551		49,073				120,327						
Total Member Ambulatory Encounters for Year:																	
7. Physician		819,562	125,697	658,798	35,067												
8. Non-Physician		127,442	18,906	101,999	6,537												
9. Total		947,004	144,603	760,797	41,604	0	0	0	0	0	0						
10. Hospital Patient Days Incurred		27,184	4,102	19,123	3,959												
11. Number of Inpatient Admissions		6,227	865	4,774	588												
12. Health Premiums Written (b).....		481,059,080	67,631,203	395,132,262	6,390,645		9,620,821				2,284,149						
13. Life Premiums Direct		0															
14. Property/Casualty Premiums Written		0															
15. Health Premiums Earned		481,059,080	67,631,203	395,132,262	6,390,645		9,620,821				2,284,149						
16. Property/Casualty Premiums Earned		0															
17. Amount Paid for Provision of Health Care Services		399,242,547	55,516,702	329,558,442	4,933,728		8,778,181				455,494						
18. Amount Incurred for Provision of Health Care Services		398,085,758	55,849,518	328,222,999	4,786,869		8,770,878				455,494						

(a) For health business: number of persons insured under PPO managed care products 119,964 and number of persons under indemnity only products 3,113

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2.

(LOCATION)

NAIC Group Code 00380 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2009 NAIC Company Code 53007

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	882,443	45,421	356,251	5,833	0	12,034	347,426	5	0	115,473
2 First Quarter	859,091	47,063	355,578	5,696	0	11,936	350,245	65	0	88,508
3 Second Quarter	859,495	49,511	352,752	5,623	0	11,301	350,957	65	0	89,286
4 Third Quarter	855,646	50,578	348,643	5,598	0	13,054	352,398	63	0	85,312
5 Current Year	861,753	51,439	347,469	5,546	0	17,057	354,275	63	0	85,904
6 Current Year Member Months	10,297,022	590,676	4,224,480	67,643	0	153,152	4,216,466	767	0	1,043,838
Total Member Ambulatory Encounters for Year:										
7. Physician	5,951,875	284,701	2,349,619	83,393	0	0	3,233,990	0	0	172
8. Non-Physician	1,020,077	42,059	365,085	14,477	0	0	598,435	0	0	21
9. Total	6,971,952	326,760	2,714,704	97,870	0	0	3,832,425	0	0	193
10. Hospital Patient Days Incurred	285,757	9,472	76,616	10,206	0	0	189,433	0	0	30
11. Number of Inpatient Admissions	56,849	2,017	19,011	1,592	0	0	34,224	0	0	5
12. Health Premiums Written (b)	3,265,596,632	147,935,241	1,441,443,931	14,935,240	0	73,389,221	1,568,732,026	882,849	0	18,278,124
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	3,215,085,473	147,935,241	1,441,443,931	14,935,240	0	73,389,221	1,518,220,867	882,849	0	18,278,124
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,875,141,255	124,194,243	1,212,144,186	11,378,023	0	52,683,274	1,465,516,935	572,306	0	8,652,288
18. Amount Incurred for Provision of Health Care Services	2,853,445,882	125,648,254	1,203,538,788	11,198,968	0	53,279,744	1,450,425,693	674,747	0	8,679,688

(a) For health business: number of persons insured under PPO managed care products 761,158 and number of persons under indemnity only products 15,925

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 882,849

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	409,376	386,673	0	0	0
2. Title XVIII-Medicare.....	882	38	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	337,211	317,320	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	28,535	32,258	0	0	0
8. Reinsurance recoverable on paid losses.....	24,725	26,363	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	985,811,573		985,811,573
2. Accident and health premiums due and unpaid (Line 13).....	233,636,800		233,636,800
3. Amounts recoverable from reinsurers (Line 14.1).....	24,725,173	(24,725,173)	0
4. Net credit for ceded reinsurance.....	xxx	53,337,994	53,337,994
5. All other admitted assets (Balance).....	643,380,414	(835,899)	642,544,515
6. Total assets (Line 26)	1,887,553,960	27,776,922	1,915,330,882
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	252,990,782	28,535,002	281,525,784
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	65,643,239		65,643,239
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	807,461,524	(758,080)	806,703,444
13. Total liabilities (Line 22).....	1,126,095,545	27,776,922	1,153,872,467
14. Total capital and surplus (Line 31).....	761,458,437	xxx	761,458,437
15. Total liabilities, capital and surplus (Line 32)	1,887,553,982	27,776,922	1,915,330,904
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	28,535,002		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	24,725,173		
20. Other ceded reinsurance recoverables	835,899		
21. Total ceded reinsurance recoverables	54,096,074		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	(758,080)		
26. Total ceded reinsurance payables/offsets	(758,080)		
27. Total net credit for ceded reinsurance	53,337,994		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

		Allocated By States and Territories					
		Direct Business Only					
States, Etc.		1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC				3,691		3,691
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD				4,339		4,339
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA				6,894		6,894
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Other Alien	OT						0
59. Totals		0	0	0	14,924	0	14,924

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....WAIVED.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....YES.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....YES.....

APRIL FILING

17.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....YES.....
18.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
19.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....

Explanation:

11.
12.
13.

Not a stock company.
14.
15.
18.
19.

Bar code:

1.


5 3 0 0 7 2 0 0 9 4 6 0 0 0 0 0 0
11.


5 3 0 0 7 2 0 0 9 2 0 5 0 0 0 0 0
12.


5 3 0 0 7 2 0 0 9 2 0 7 0 0 0 0 0
14.


5 3 0 0 7 2 0 0 9 3 7 1 0 0 0 0 0
15.


5 3 0 0 7 2 0 0 9 3 7 0 0 0 0 0 0
18.


5 3 0 0 7 2 0 0 9 2 1 1 5 9 0 0 0
19.


5 3 0 0 7 2 0 0 9 2 1 3 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Miscellaneous expenses reimbursement.....		(5,489,628)	(18,995)		(5,508,623)
2505. Interest claims expenses.....		1,064,425			1,064,425
2506. Network Access Reimbursement - PAR.....		(14,633,265)			(14,633,265)
2507. Direct Reimbursement - PAR.....		(4,403,101)			(4,403,101)
2508. National Miscelleous Credit.....			(21,350)		(21,350)
2509. Miscellaneous expense.....	(107,962)	644,978	1,686,643		2,223,659
2510. Management fee and Investment expense.....	275,199	963,817	1,442,593		2,681,609
2511. Interest expense - Rated Groups.....			27,391		27,391
2597. Summary of remaining write-ins for Line 25 from Page 14	167,237	(21,852,774)	3,116,282	0	(18,569,255)



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Group Hospitalization and Medical Services, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance
(To Be Filed by March 1)

NAIC Group Code 00380 NAIC Company Code 53007

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1Standard Coverage					
1.11 With Reinsurance Coverage.....	6,281,309	XXX		XXX	6,281,309
1.12 Without Reinsurance Coverage.....		XXX		XXX	.0
1.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	.0
1.2Supplemental Benefits.....	258,394	XXX		XXX	258,394
2. Premiums Due and Uncollected-change					
2.1Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1Receivable.....		XXX		XXX	XXX
4.2Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1Standard Coverage					
5.11 With Reinsurance Coverage.....	6,281,309	XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	XXX
5.2Supplemental Benefits.....	258,394	XXX		XXX	XXX
6. Total Premiums.....	6,539,703	XXX	0	XXX	6,539,703
7. Claims Paid					
7.1Standard Coverage					
7.11 With Reinsurance Coverage.....	5,613,008	XXX		XXX	5,613,008
7.12 Without Reinsurance Coverage.....		XXX		XXX	.0
7.2Supplemental Benefits.....	216,729	XXX		XXX	216,729
8. Claim Reserves and Liabilities-change					
8.1Standard Coverage					
8.11 With Reinsurance Coverage.....	(7,391)	XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	.0	XXX		XXX	XXX
8.2Supplemental Benefits.....	14,385	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1Standard Coverage					
10.11 With Reinsurance Coverage.....	5,605,617	XXX	.0	XXX	XXX
10.12 Without Reinsurance Coverage.....	.0	XXX	.0	XXX	XXX
10.2Supplemental Benefits.....	231,114	XXX	0	XXX	XXX
11. Total Claims	5,836,731	XXX	0	XXX	5,829,737
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1Claims Paid – Net of Reimbursements Applied.....	XXX		XXX		.0
12.2Reimbursements Received but Not Applied-change.....	XXX		XXX		.0
12.3Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	1,596,365	XXX		XXX	1,596,365
15. Expenses Incurred.....	1,596,365	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	(893,393)	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(886,399)

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